

DHCFP INET USER AGREEMENT

Insurance Carrier

As an employee of _____

OR as an employee of a contractor of _____

I will be allowed to access DHCFP-INET, the data reporting system provided to
_____ by the Division of Health Care Finance and Policy.

- I promise that I will not disclose my DHCFP-INET user ID and password to any other person.
- I promise that I will not attempt to access or look at DHCFP-INET data other than what is required to perform my job.
- I promise that I will use any data I receive from DHCFP-INET only as permitted and only in furtherance of my job.
- I promise that I will not share any data I receive from DHCFP-INET with others unless doing so is necessary to do my job (pertains to patient level confidential data only).
- I promise that I will discuss data I receive from DHCFP-INET with others only as required to perform my job and will conduct such conversations only in secure areas where I am unlikely to be overheard (pertains to patient level confidential data only).
- I promise I will not disclose any data that I receive from DHCFP-INET to any third party unless I have specific written permission from my supervisor or the legal order of a court (pertains to patient level confidential data only).
- I understand that the Division of Health Care Finance and Policy retains ownership of all data that resides in DHCFP-INET.
- I hereby acknowledge I have read the above terms and conditions and agree to be bound thereby as a condition of access to and use of DHCFP-INET.

REQUIRED INFORMATION – please print and no abbreviations

☐ Mr. ☐ Ms.

☐ Mrs ☐ Dr. Name: _____
(Please provide middle name initial)

Job Title: _____

Company Name: _____

Work Mailing Address and Department: _____

E-mail Address: _____
(Required to send User ID and Password information)

Work Telephone: _____

Work Fax: _____

User Signature: _____ Date: _____

USER'S INET WEB SECURITY ITEMS – required

City or Town of Birth: _____

Pass Phrases: (please select a Pass Phrase below):

- | | | |
|---|--|---|
| <input type="checkbox"/> Favorite Singer | <input type="checkbox"/> Favorite Pet's Name | <input type="checkbox"/> Father's Middle Name |
| <input type="checkbox"/> Favorite Vacation Location | <input type="checkbox"/> Favorite Teacher's Name | <input type="checkbox"/> First Child's Middle Name |
| <input type="checkbox"/> Favorite Sports Team | <input type="checkbox"/> Anniversary Date | <input type="checkbox"/> Make, Model, and Year of First Car |
| <input type="checkbox"/> Favorite Hobby | | |

Pass Phrase Answer: _____

Pass phrases are used by the Help Desk staff to ensure they are speaking with the correct person.

When an INET User calls for assistance and requires using confidential information or sensitive issues, the Help Desk will use pass phrases as a means to confirm the identity of the caller.

Check the type of access for this User Agreement

User Profile (check one)	Functions
<input type="checkbox"/> Data Reporter's INET Administrator	The person responsible for the DHCFP-INET Administration (creates and maintains web user accounts online and via paper forms.) Also has the ability to: submit information, download, edit, view and print reports.
<input type="checkbox"/> Data Reporter's Individual INET User	Ability to: submit information, download, edit, view and print reports

Insurance Carrier Submissions - Only check the submissions that User will submit or have access to under this Agreement

- ☐ All Payer Claims Datasets (APCD) Medical Claim
- ☐ APCD Dental Claim
- ☐ APCD Pharmacy Claim
- ☐ APCD Member Eligibility
- ☐ APCD Product
- ☐ APCD Provider
- ☐ Chapter 288: Relative Prices
- ☐ Chapter 288: Total Medical Expenses
- ☐ Health Safety Net (HSN) Monthly Top Payer/Insurer Surcharge payment
- ☐ Health Safety Net (HSN) Quarterly Surcharge Provider Report
- ☐ PCMHI Carrier Filing